



DIRECT DEPOSIT AUTHORIZATION

State Form 51519 (5-04) / CSB 0006

STATE OF INDIANA
Child Support Bureau, EFT Unit
Family and Social Services Administration
P.O. Box 6098
Indianapolis, IN 46206-6098
1-800-840-8757
Fax: 317-234-2618

* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is **mandatory**; this record cannot be processed without it.

☐ New request

☐ Change request

Please complete this form and mail it to the address above if you wish to have your support payments deposited automatically into your checking or savings account. You may choose only one account to which these funds will be deposited, regardless of the number of child support cases that you have open within the State of Indiana. **This authorization applies to funds received at the State Child Support Bureau offices and Clerk of Courts that are using Electronic Banking to disburse funds.** It **does not** apply to funds received in Clerk of Courts offices that are not using Electronic Banking. Any time this form is submitted, all funds will be directed to that account following the 10 day waiting period where applicable. No notices will be sent as funds are disbursed.

Name of custodial parent	Social Security number of custodial parent*	Daytime telephone number ()	
Home address (number and street)	City	State	ZIP code
Name of your financial institution (bank, credit union, etc.)			
Address of your financial institution (number and street)	City	State	ZIP code
Telephone number of your financial institution	Routing number of your financial institution		

You may have your payments deposited to one of the following:

Checking account number	Savings account number
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YOU MUST INCLUDE A VOIDED CHECK (WITH YOUR ACCOUNT NUMBER MACHINE ENCODED) WITH THIS FORM FOR A CHECKING ACCOUNT. FOR A SAVINGS ACCOUNT PROVIDE YOUR FINANCIAL INSTITUTION'S ROUTING NUMBER ALONG WITH THE ACCOUNT NUMBER.

Deposits will not begin for at least 10 business days after this authorization form is received at the State or County office. Each deposit will be available in your bank approximately three (3) business days from the posting date, if processed by the State and two (2) business days if processed by the county.

Please keep a copy of this form in your records. If you change accounts, you must complete a new authorization form.

YOU MUST HAVE A VALID ADDRESS ON YOUR CHILD SUPPORT RECORD AT THE CLERK OF COURTS FOR THIS ARRANGEMENT TO BE VALID. IT IS YOUR RESPONSIBILITY TO KEEP THE CLERK OF COURTS AWARE OF YOUR CURRENT ADDRESS.

I authorize the State of Indiana, Child Support Bureau, and or Clerk of Courts, to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account in the bank named above and I authorize the bank to perform those transactions.

Signature of custodial parent/party	Date (month, day, year)
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If funds are returned by the Financial Institution for any reason, Direct Deposit will be terminated and the funds issued by check or warrant to the address on the Child Support System.